



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 SECTION FOR CHILD CARE REGULATION
CHILD CARE ENROLLMENT FORM FOR LICENSE-EXEMPT FACILITIES

FACILITY/PROVIDER NAME <i>Little Lambs Preschool</i>	ADMISSION DATE	DISCHARGE DATE
CHILD'S NAME	GENDER	BIRTHDATE
ADDRESS (STREET, CITY, STATE, ZIP CODE)		

IDENTIFYING INFORMATION

MOTHER'S/GUARDIAN'S NAME	HOME TELEPHONE NUMBER
ADDRESS (STREET, CITY, STATE, ZIP CODE) OR CHECK IF SAME AS ABOVE <input type="checkbox"/>	CELL PHONE NUMBER
E-MAIL ADDRESS	
EMPLOYER OR SCHOOL ATTEND	WORK/SCHOOL SCHEDULE
EMPLOYER/SCHOOL ADDRESS (STREET, CITY, STATE, ZIP CODE)	WORK TELEPHONE NUMBER
FATHER'S/GUARDIAN'S NAME	HOME TELEPHONE NUMBER
ADDRESS (STREET, CITY, STATE, ZIP CODE) OR CHECK IF SAME AS ABOVE <input type="checkbox"/>	CELL PHONE NUMBER
E-MAIL ADDRESS	
EMPLOYER OR SCHOOL ATTEND	WORK/SCHOOL SCHEDULE
EMPLOYER/SCHOOL ADDRESS (STREET, CITY, STATE, ZIP CODE)	WORK TELEPHONE NUMBER

EMERGENCY CONTACT AND PERSONS AUTHORIZED TO TAKE CHILD FROM FACILITY (OTHER THAN PARENT) - AT LEAST ONE EMERGENCY CONTACT IS REQUIRED.

NAME	RELATIONSHIP TO CHILD	TELEPHONE NUMBERS (CELL, WORK, HOME)
ADDRESS (STREET, CITY, STATE, ZIP CODE)		
NAME	RELATIONSHIP TO CHILD	TELEPHONE NUMBERS (CELL, WORK, HOME)
ADDRESS (STREET, CITY, STATE, ZIP CODE)		

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

I UNDERSTAND THAT I WILL BE NOTIFIED AT ONCE IN CASE OF AN EMERGENCY WITH MY CHILD, AND I WILL MAKE ARRANGEMENTS FOR MEDICAL CARE OF MY CHILD WITH THE PHYSICIAN OR HOSPITAL OF MY CHOICE.

IF I CANNOT BE REACHED TO MAKE NECESSARY ARRANGEMENTS, OR IN A CRITICAL EMERGENCY REQUIRING MEDICAL CARE, I AUTHORIZE

Little Lambs Preschool
 DAY CARE PROVIDER

TO CONTACT THE FOLLOWING:

PHYSICIAN OR CLINIC	
NAME	TELEPHONE NUMBER
PREFERRED HOSPITAL	
NAME	TELEPHONE NUMBER

ACKNOWLEDGEMENTS

A	I HAVE BEEN INFORMED OF THE REQUIRED HEALTH AND SAFETY INSPECTIONS AND THE INSPECTION FORMS ARE AVAILABLE FOR REVIEW.	PARENT/GUARDIAN INITIALS
B	WHEN MY CHILD IS ILL, I UNDERSTAND AND AGREE THAT S/HE MAY NOT BE ACCEPTED FOR CARE OR REMAIN IN CARE.	PARENT/GUARDIAN INITIALS
C	I <input type="checkbox"/> DO <input type="checkbox"/> DO NOT GIVE PERMISSION FOR FIELD TRIPS/EXCURSIONS. I UNDERSTAND I WILL BE NOTIFIED IN ADVANCE WHEN THEY ARE PLANNED.	PARENT/GUARDIAN INITIALS
D	I <input type="checkbox"/> DO <input type="checkbox"/> DO NOT GIVE PERMISSION FOR THE FACILITY TO TRANSPORT MY CHILD.	PARENT/GUARDIAN INITIALS
E	I HAVE BEEN NOTIFIED THAT I MAY REQUEST NOTICE AT INITIAL ENROLLMENT OR ANY TIME THERE AFTER WHETHER THERE ARE CHILDREN CURRENTLY ENROLLED IN OR ATTENDING THE FACILITY FOR WHOM AN IMMUNIZATION EXEMPTION HAS BEEN FILED.	PARENT/GUARDIAN INITIALS

HEALTH REPORT FOR SCHOOL-AGE CHILD**CHILD'S HEALTH HISTORY AND CURRENT HEALTH PROBLEMS**

MY CHILD IS IN GOOD HEALTH, IS ABLE TO PARTICIPATE IN GROUP CARE, HAS NO SPECIAL HEALTH OR MEDICAL REQUIREMENTS.

MY CHILD IS ABLE TO PARTICIPATE IN GROUP CARE BUT HAS SPECIAL HEALTH OR MEDICAL REQUIREMENTS AS LISTED BELOW.

ANY ALLERGIES, SPECIAL MEDICAL CONDITIONS, INCLUDING CHRONIC HEALTH PROBLEMS

ANY SPECIAL MEDICATIONS AND/ OR RESTRICTIONS

PARENT/GUARDIAN SIGNATURE

DATE

FORM TO BE RETAINED FOR ONE YEAR AFTER DISCHARGE.

FILING: FILE FORM IN CHILD'S INDIVIDUAL RECORD.

Notice to Parents Regarding Immunizations

In accordance with Section 210.003.7, RSMo., the parent or guardian of a child enrolled in or attending Little Lambs Preschool may request notice of whether there are any children enrolled in our facility with an immunization exemption on file. If you would like to request this information, please contact Ashley Collier and the information will be provided to you. Please note, the name or names of individual children are confidential and will not be released. Our response will be limited to whether or not there are children enrolled at our facility with an immunization exemption on file.

Child's Name _____

Date _____



Parents: Please sign where applicable and return to the preschool office. Thank you!

Handbook: I have read, understand and will follow the guidelines presented in the Little Lambs Preschool Parent Handbook. (If you have not yet received the handbook or need another copy, please request one in the preschool office.)

Parent Signature: _____

Tuition/Late Fees: I understand that monthly tuition payments are due by the 1st school day of the specified month. A \$10.00 late fee will be applied if payment is not received by the 5th school day of the month and \$1.00 added each day thereafter. If tuition is not paid by the 15th of the month, your child will not be able to return to school until paid in full.

Parent Signature: _____

Late Pick up Policy: If a child is picked up more than 5 minutes late, the teacher will bring that child to after school care and parent will be contacted. Any time your child needs to attend after school care, the drop in rate of \$10 will be assessed. **If child is picked up late from after school care (5:00), you will be charged \$1/minute at time of pick up.**

Parent Signature: _____

Lunch/Snack: I understand that Little Lambs Preschool cannot refrigerate or heat any food items for lunch or snack. A cold sack lunch must be provided every day that your child attends extended day classes. Please also include a bib (if applicable), eating utensils, etc... in your child's lunch box if they are needed. Also include a COLD PACK to keep their lunch cold. **We will not be able to serve homemade treats/snacks at school.**

Parent Signature: _____

Photo Consent: I give consent to let my child be photographed for use by Little Lambs Preschool in advertising or promotional material and/or on the Good Shepherd website and/or on the Little Lambs Facebook page.

Parent Signature: _____

Potty Training (if applicable): We support your potty training effort and will encourage your child to use the potty at our scheduled potty breaks. During the potty training process, please DO NOT send your child to Preschool in regular underwear until they have been COMPLETELY accident free for two weeks and can express when need to go. Until then, please send your child in a **tear away Pull Up.**

Parent Signature _____

Child's Name _____

Date _____

Little Lambs Preschool

****FIELD TRIP POLICY****

**** Please sign one form that we will keep in your child's file and take the "parent copy" for your reference. Thank you!**

Volunteer parents will be accompanying students and transporting them on field trips. When you volunteer you will be asked to do the following:

- Transport or accompany 3 – 5 students, depending on the number of seat belts. (Please understand that ALL children MUST be in booster/car seats). No children are allowed to ride in the front seat.
- Be responsible for your group of children and their well being during the field trip as well as transporting them to and from the location.
- Provide a current driver's license and proof of current insurance to be copied and kept on file at Little Lambs Preschool.
- **Due to the need of your undivided attention during these field trips, siblings are not permitted.** Please make other arrangements to find care or trade with a fellow preschool parent so that you may assist on some of these special days.

On ALL field trips we also require a second adult (unrelated) to ride in each vehicle to assist with the students.

(You are ALWAYS allowed to transport (only) your student if you choose.)

If you are not a driver, we ask that you install your child's booster/car seat in the driver's vehicle before you leave for the day.

- ✓ No smoking at ANY TIME while with the children.
- ✓ No CELL PHONE use while driving our students.

Parent Signature: _____